

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	
PTO/SB/22 (11-05)	
Application Number	10/829,265
Filing Date	4/22/2004
First Named Inventor	Patrice COHEN
Group Art Unit	RECEIVED
Examiner Name	CENTRAL FAX CENTER
Attorney Docket Number	753-B01.US
APR 12 2005	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners at Customer Number _____

↓
Place Customer Number Bar
Code Label Here

OR

Practitioner(s) named below:

Name	Registration Number
Franz BONSANG	56638

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Franz BONSANG				
Address	C/o PROTECTIONS EQUINOX INT'L				
Address	224-4480 Cote-de-Liesse				
City	Montreal				
Country	Quebec				
Telephone	1-514-739-6770				

I am the:

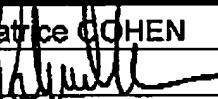
Applicant

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Patrice COHEN

Signature 

Title and Company

Date 12/04/05

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below*.

Total of _____ forms are submitted.



USPTO

1-703-872-9306

from 1-514-733-4424